

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55	/					
6							56		/				
7							57	/					
8							58		/				
9							59	/					
10							60		/				
11							61		/				
12							62	/					
13							63		/				
14							64		/				
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	/						71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
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31		/					81						
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33		/					83						
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35		/					85						
36		/					86						
37		/					87						
38		/					88						
39	/						89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	34						TOTAL DEP.						
TOTAL CLAIMS	40						TOTAL CLAIMS						